County: Dane
ATTI C ANGEL PLACE HEALTH CENTER
8301 OLD SAUK ROAD
MI DDLETON 53562 Pho MIDDLETON 53562 Phone: (608) 662-8842
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 38
Total Licensed Bed Capacity (12/31/00): 44
Number of Residents on 12/31/00: 38 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No Yes Average Daily Census: 42 38

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No Yes No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	% 0. 0 15. 8 7. 9 0. 0 2. 6 7. 9 21. 1	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	0. 0 10. 5 23. 7 47. 4 18. 4	Less Than 1 Year 1 - 4 Years More Than 4 Years *********************** Full-Time Equival Nursing Staff per 100 (12/31/00)	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No Yes No	Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	21. 1 0. 0 2. 6 21. 1 100. 0	Sex Male Female	18. 4 81. 6	RNs LPNs Nursing Assistants Aides & Orderlies	29. 0 6. 1 55. 6

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri			Pri vate Pay				d Care		Percent
			Per Diem			Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	2. 6	\$200.00	0	0. 0	\$0.00	1	2. 6%
Skilled Care	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	34	89. 5	\$185.00	0	0. 0	\$0.00	34	89. 5%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	3	7. 9	\$170.00	0	0.0	\$0.00	3	7. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	t 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		0	0.0		0	0.0		38	100.0		0	0.0		38	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 9. 1 Baťhi ng 0.0 65.8 34. 2 38 Other Nursing Homes 9. 1 Dressing 0.0 81.6 18. 4 38 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 72.7 Transferring 38 0.0 71. 1 28.9 38 0.0 Toilet Use 0.0 68. 4 31.6 38 0.0 Eating 65. 8 21. 1 13. 2 Other Locations ****** 9. 1 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7. 9 23.7 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 71. 1 2. 6 Private Home/With Home Health 2. 5 Occ/Freq. Incontinent of Bowel 7. 9 44.7 Other Nursing Homes 5. 0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 40.0 Mobility 5. 3 Physically Restrained 0.0 13. 2 57.9 0.0 Other Locations 27.5 Skin Care Other Resident Characteristics 5. 3 Deaths 25.0 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes 2.6 Medications Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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			ershi p:	Bed Size:			ensure:		
	Thi s	Non	profit	Und	er 50	Ski]	lled	Al l	
	Facility		Group	Peer	Group	Peer	Group	Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 5	87. 8	1.09	87. 9	1. 09	84. 1	1. 14	84. 5	1. 13
Current Residents from In-County	86. 8	82. 6	1. 05	72. 9	1. 19	83. 5	1.04	77. 5	1. 12
Admissions from In-County, Still Residing	22. 7	25. 9	0. 88	31. 0	0. 73	22. 9	0. 99	21. 5	1.06
Admi ssi ons/Average Daily Census	52. 4	116. 8	0. 45	70. 7	0.74	134. 3	0. 39	124. 3	0.42
Discharges/Average Daily Census	95. 2	117. 3	0. 81	76. 4	1. 25	135. 6	0. 70	126. 1	0. 76
Discharges To Private Residence/Average Daily Census	2. 4	43. 9	0.05	14. 6	0. 16	53. 6	0.04	49. 9	0.05
Residents Receiving Skilled Care	92. 1	91. 3	1. 01	86. 1	1.07	90. 1	1. 02	83. 3	1. 11
Residents Aged 65 and Older	100	97. 1	1.03	97. 8	1.02	92. 7	1.08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	0.0	56. 2	0.00	59. 8	0.00	63. 5	0.00	69. 0	0.00
Private Pay Funded Residents	100	37. 5	2. 66	37. 1	2. 69	27. 0	3. 70	22. 6	4.43
Developmentally Disabled Residents	0. 0	0. 6	0.00	1.4	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	23. 7	36. 3	0. 65	36. 6	0.65	37. 3	0. 63	33. 3	0.71
General Medical Service Residents	21. 1	21. 1	1.00	13. 0	1. 62	19. 2	1. 10	18. 4	1. 14
Impaired ADL (Mean)	56. 8	50.8	1. 12	50.6	1. 12	49. 7	1. 14	49. 4	1. 15
Psychol ogi cal Problems	86. 8	50. 0	1. 74	63. 4	1.37	50. 7	1. 71	50. 1	1. 73
Nursing Care Required (Mean)	13. 2	6. 8	1. 94	8. 0	1.64	6. 4	2.04	7. 2	1.84